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PTO/SB/21 (09-04)

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**TRANSMITTAL
FORM**

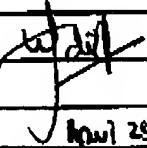
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Total Number of Pages in This Submission

4

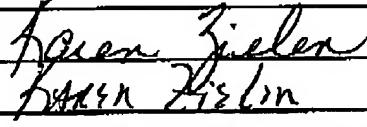
Attorney Docket Number

090/003C

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please Identify below):
<small>Remarks</small> <small>Request to Change Inventorship Under 37 CFR 1.48(b) (2 pages)</small> <small>***last page marker (1 page)***</small>		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	Geron Corporation	
Signature		
Printed name	J. Michael Schiff	
Date	May 25/05	Reg. No. 40,253

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature		
Typed or printed name	J. Michael Schiff	
	Date	May 3, 2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including the gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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in accordance with 37 CFR § 1.6(d) on the date indicated.

Laura Zielen
Name

May 3, 2005
Date

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Inventors: M.K. Carpenter et al.

Art Unit: 1632

Filing Date: March 1, 2002

Examiner: Tháí-An N. Ton, Ph.D.

Serial No: 10/087,473

Docket: 090/003c

Title: DIRECT DIFFERENTIATION OF HUMAN
PLURIPOTENT STEM CELLS AND
CHARACTERIZATION OF
DIFFERENTIATED CELLS

REQUEST TO CHANGE INVENTORSHIP

UNDER 37 CFR § 1.48(b)

Commissioner for Patents
Alexandria VA 22313

Dear Sir,

Applicants request that the Inventorship on this patent application be changed to delete
Walter D. Funk as a named inventor. Dr. Funk's invention is no longer claimed in this application.

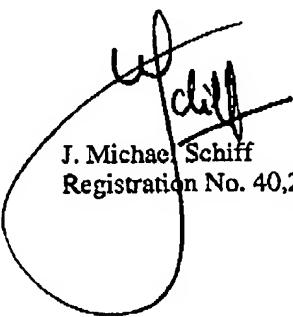
Upon making this correction, the Inventorship on this patent application consists of Melissa K.
Carpenter and R. Scott Thies.

Please amend the application accordingly.

PATENT
USSN 10/087,473
Docket 090/003c

Authorization is given on the accompanying fee calculation sheet to charge the Deposit Account for the fee under 37 CFR § 1.17(i). Should the Patent Office determine that a fee adjustment is required, the Assistant Commissioner is hereby authorized to charge additional fees or credit any overpayment to Deposit Account No. 07-1139, referencing the docket number indicated above.

Respectfully submitted,


J. Michael Schiff
Registration No. 40,253

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April 25, 2005

geron

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Facsimile Transmittal Sheet

LAST PAGE

USSN 10/087,473

Attorney Docket 090/003C